

SERFF Tracking Number: NALH-126868821 State: Arkansas  
 Filing Company: Midland National Life Insurance Company State Tracking Number: 47096  
 Company Tracking Number: FORM 4579 2 10-10 - REVISED PAGE 2 FOR FORM 4579  
 TOI: A10 Annuities - Other Sub-TOI: A10.000 Annuities - Other  
 Product Name: Form 4579 2 10-10 - Revised page 2 for Form 4579  
 Project Name/Number: Form 4579 2 10-10 - Revised page 2 for Form 4579/Form 4579 2 10-10 - Revised page 2 for Form 4579

## Filing at a Glance

Company: Midland National Life Insurance Company

Product Name: Form 4579 2 10-10 - Revised SERFF Tr Num: NALH-126868821 State: Arkansas

page 2 for Form 4579

TOI: A10 Annuities - Other

SERFF Status: Closed-Approved- State Tr Num: 47096  
 Closed

Sub-TOI: A10.000 Annuities - Other

Co Tr Num: FORM 4579 2 10-10 - State Status: Approved-Closed  
 REVISED PAGE 2 FOR FORM  
 4579

Filing Type: Form

Author: Sherry M. Olson

Reviewer(s): Linda Bird

Date Submitted: 10/20/2010

Disposition Date: 10/22/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Form 4579 2 10-10 - Revised page 2 for Form 4579

Status of Filing in Domicile: Pending

Project Number: Form 4579 2 10-10 - Revised page 2 for Form 4579

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/22/2010

Explanation for Other Group Market Type:

State Status Changed: 10/22/2010

Deemer Date:

Created By: Sherry M. Olson

Submitted By: Sherry M. Olson

Corresponding Filing Tracking Number:

Filing Description:

RE: Midland National Life Insurance Company

FEIN # 46-0164570 NAIC # 66044

Revised Specification Page 2 (Form 4579 2 10-10) for Rider Form 4579 9-09

We are filing revised specification page 2 for Flexible Premium Deferred Annuity Rider Form 4579 9-09 which was originally approved by your department on 12/3/2009 (SERFF Tr #: NALH-126402763).

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We've revised the Exchange Provision on page 2 of the rider to add that the payout options also apply to a replacement of the policy as defined in the replacement laws of the policyowner's state. We've revised the form number on page 2 to be Form 4579 2 10-10.

Upon approval, specification page Form 4579 2 10-10 will replace specification page 4579 2 8-10 which was approved on 9/7/2010 (SERFF TR #: NALH-126793477) and will be used for all new issues.

There are no changes to the Statement of Variability.

The rider is available for issues ages 18-65 and is for general use with Midland's current and future approved individual flexible premium adjustable life insurance policies offered in the bank- or corporate-owned life insurance market.

If you need any additional information to complete your review, please feel free to contact me at 800-283-5433, ext. 36223 or at [solson@sfgmembers.com](mailto:solson@sfgmembers.com).

Sincerely,

Sherry Olson, AIRC  
Senior Contract Analyst  
Corporate Markets Center

## Company and Contact

### Filing Contact Information

Sherry Olson, Senior Contract Analyst      [solson@mnlife.com](mailto:solson@mnlife.com)  
2000 44th St. South, Suite 300      701-433-6223 [Phone]  
Fargo, ND 58103      701-433-8223 [FAX]

### Filing Company Information

Midland National Life Insurance Company	CoCode: 66044	State of Domicile: Iowa
525 W. Van Buren Street	Group Code: 431	Company Type: Life and Annuity
Chicago, IL 60607	Group Name:	State ID Number:
(800) 800-3656 ext. [Phone]	FEIN Number: 46-0164570	

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## Filing Fees

SERFF Tracking Number: NALH-126868821 State: Arkansas  
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Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50 per form  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Midland National Life Insurance Company	\$50.00	10/20/2010	40958844

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	10/22/2010	10/22/2010

*SERFF Tracking Number:*      *NALH-126868821*      *State:*      *Arkansas*  
*Filing Company:*      *Midland National Life Insurance Company*      *State Tracking Number:*      *47096*  
*Company Tracking Number:*      *FORM 4579 2 10-10 - REVISED PAGE 2 FOR FORM 4579*  
*TOI:*      *A10 Annuities - Other*      *Sub-TOI:*      *A10.000 Annuities - Other*  
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*Project Name/Number:*      *Form 4579 2 10-10 - Revised page 2 for Form 4579/Form 4579 2 10-10 - Revised page 2 for Form 4579*

## **Disposition**

Disposition Date: 10/22/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>NALH-126868821</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Midland National Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>47096</i>
<i>Company Tracking Number:</i>	<i>FORM 4579 2 10-10 - REVISED PAGE 2 FOR FORM 4579</i>		
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<i>Product Name:</i>	<i>Form 4579 2 10-10 - Revised page 2 for Form 4579</i>		
<i>Project Name/Number:</i>	<i>Form 4579 2 10-10 - Revised page 2 for Form 4579/Form 4579 2 10-10 - Revised page 2 for Form 4579</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Form</b>	Specification page 2 for Form 4579 9-09		Yes

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## Form Schedule

### Lead Form Number:

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	Form 4579 2 10-10	Schedule Pages	Specification page 2 for Form 4579 9-09	Initial		0.000	Form 4579 10-10 page 2.pdf

BASE POLICY NUMBER: [12345678]

ANNUITANT: [JOHN DOE]

### EXCHANGE PROVISION

YOU MAY REQUEST A CHANGE OF OWNERSHIP OR ASSIGNMENT OF SURRENDER VALUES UNDER THE TERMS OF SECTION 1035 OF THE INTERNAL REVENUE CODE (IRC). IF YOU REQUEST THAT THIS RIDER BE SURRENDERED AND SUBSEQUENTLY TRANSFERRED TO ANOTHER INSURANCE COMPANY BY MEANS OF AN EXCHANGE UNDER SECTION 1035 OF THE INTERNAL REVENUE CODE OR BY ANY OTHER MEANS DIRECTLY OR INDIRECTLY TO ACHIEVE AN EXCHANGE QUALIFYING UNDER SECTION 1035, OR FOR ANY OTHER SURRENDER REQUEST TO WHICH WE MUTUALLY AGREE, OR IF YOU REPLACE THE RIDER OR THE POLICY TO WHICH IT'S ATTACHED AS DEFINED IN THE REPLACEMENT LAWS OF YOUR STATE, YOU HAVE TWO PAYOUT OPTIONS. YOU MAY CHOOSE THE OPTION AT THE TIME OF YOUR REQUEST.

OPTION 1: WE WILL PAY OUT NO MORE THAN 10% OF THE SURRENDER VALUE AS OF THE DATE OF YOUR REQUEST DURING ANY PERIOD OF SIX CONSECUTIVE MONTHS UNTIL THIS RIDER IS IN EFFECT FOR AT LEAST TEN YEARS.

OPTION 2: WE WILL ASSESS A FEE AS A PERCENTAGE OF THE REQUESTED SURRENDER VALUE AS OUTLINED BELOW:

RIDER YEAR IN WHICH REQUEST OCCURS	MAXIMUM FEE	RIDER YEAR IN WHICH REQUEST OCCURS	MAXIMUM FEE
1	[8%]	7	[4%]
2	[8%]	8	[3%]
3	[7%]	9	[2%]
4	[7%]	10	[1%]
5	[6%]	11+	[0%]
6	[5%]		

FOR THE PURPOSES OF DETERMINING THE AMOUNT OF ANY SURRENDER OR WITHDRAWAL FROM THIS CONTRACT THAT IS INCLUDABLE IN GROSS INCOME, ALL CONTRACTS CLASSIFIED AS MODIFIED ENDOWMENT CONTRACTS BY THE INTERNAL REVENUE CODE THAT ARE ISSUED BY THE SAME COMPANY TO THE SAME POLICY OWNER WITHIN A CALENDAR YEAR ARE TREATED AS ONE MODIFIED ENDOWMENT CONTRACT.

MIDLAND NATIONAL LIFE INSURANCE COMPANY

ACCEPTED BY THE POLICY OWNER

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(TITLE)

\_\_\_\_\_  
(TITLE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(DATE)



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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
Specification pages are not scored individually. The attached score is for the rider in its entirety.		
<b>Attachments:</b>		
4579 9-09 Readability.pdf		
4579 2 10-10 AR Cert.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Application		
<b>Comments:</b>		
Any of the following applications may be used to apply for the currently approved Midland products offered with this rider:		
Regular Issue Application Form 81-36 (10-09), approved 11/18/2009		
Simplified Issue Application Form 81-38 (1-05), approved 11/18/2009		
Guaranteed Issue Application Form 81-37 (4-05), approved 5/13/2005		

## READABILITY CERTIFICATE

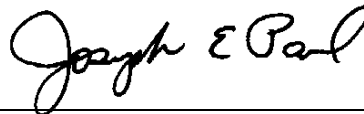
Name and Address of Insurer

Midland National Life Insurance Company  
Corporate Markets Center  
2000 44<sup>th</sup> Street S, Ste. 300 Fargo, ND 58103

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I hereby certify that Readability has been tested under the Flesch Readability formula set forth by Rudolph Flesch in his book, The Art of Readability Writing and that the form(s) listed below meet your minimum readability requirements of your state.

<b><u>FORM NUMBER</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>SCORE</u></b>
Form 4579 9-09	Flexible Premium Deferred Annuity Rider	63.4



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Signature

Joseph E. Paul  
Typed Name

Vice President – Corporate Markets Operations  
Title

October 15, 2009  
Date

TO: Arkansas Department of Insurance

FROM: Midland National Life Insurance Company

DATE: October 20, 2010

RE: Form 4579 2 10-10, specification page 2 for Rider Form 4579 9-09

Midland National Life Insurance Company certifies that the referenced rider complies with

- Arkansas Regulation 49 regarding Life and Health Guaranty notices given to each policy owner to which the rider is attached.
- Arkansas Code Annotated 23-79-138 regarding a Consumer Information Notice accompanying every policy to which the rider is attached.
- Arkansas Regulation 19 § 10B regarding unfair sex discrimination in insurance.



Carmen R. Walter, FSA, MAAA  
Assistant Vice President – Corporate Markets Product Development  
Midland National Life Insurance Company

Date: October 20, 2010